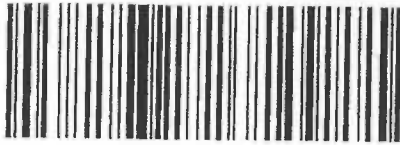


EXHIBIT A

CERTIFIED MAIL™



7004 1160 0005 7604 5224

7004 1160 0005 7604 5224

FIRST-CLASS

FIRST-CLASS

PS Form 3800, June 2002

See Reverse for Instructions

Sent To Karinn Kelly
Street, Apt. No.,
or PO Box No. 605 Redstone Blvd.
City, State, ZIP+4 Redstone, CO 81623

Total Postage & Fees	\$
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

OFFICIAL USE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

FIRST CLASS

Morris James LLP

500 DELAWARE AVENUE, SUITE 1500

P.O. BOX 2306

WILMINGTON, DELAWARE 19899-2306

TO:

Karinn Kelly
605 Redstone Boulevard
Redstone, CO 81623

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

CLASS

FIRST-CLASS

FIRST-CLASS

FIRST CLASS MAIL

Morris James_{LLP}

500 DELAWARE AVENUE, SUITE 1500
P.O. BOX 2306
WILMINGTON, DELAWARE 19899-2306

TO:

Karinn Kelly
605 Redstone Boulevard
Redstone, CO 81623

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

RECIPIENT: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Mail Addressed to:

Jarinn Kelly
1005 Redstone Blvd.
Redstone, CO 81623

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Tracking Number
(Refer from service label)

7004 1160 0005 7604 5224

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

FIRST CLASS MAIL

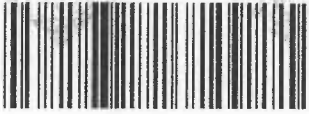
FIRST CLASS MAIL

Morris James, LLC
500 DELAWARE AVENUE, SUITE 1500
P.O. BOX 2306
WILMINGTON, DELAWARE 19899-2306

TO:
Karin Kelly
605 Redstone Blvd
Redstone, CO 81623



CERTIFIED MAIL™



14 1160 0005 7604 5224
14 1160 0005 7604 5224

FIRST CLASS

FIRST CLASS



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

FIRST CLASS MAIL

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.20

Postmark
Date

Morris James LLP
500 DELAWARE AVENUE, SUITE 1500
P.O. BOX 2306
WILMINGTON, DELAWARE 19899-2306

TO:

Karinn Kelly
605 Redstone Boulevard
Redstone, CO 81623

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

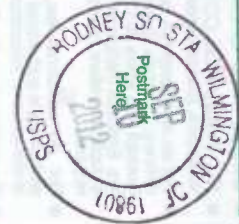
FIRST CLASS

FIRST CLASS

FIRST CLASS

7004 1160 0005 7604 5224

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.20
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1.20
Sent to <u>Karinn Kelly</u> Street, Apt. No., or PO Box No. <u>605 Redstone Blvd.</u> City, State, ZIP+4 <u>Redstone, CO 81623</u>	
PS Form 3800, June 2002 See Reverse for Instructions	



FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

FIRST CLASS MAIL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>Karinn Kelly</u> <u>605 Redstone Blvd.</u> <u>Redstone, CO 81623</u>		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <u>7004 1160 0005 7604 5224</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

OPEN TO THE RIGHT
BY DOTTER LINE

FIRST-CLASS

FIRST-CLASS

FIRST-CLASS

English

Customer Service

USPS Mobile

Register / Sign In



Search USPS.com or Track Packages

Quick Tools

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

Track & Confirm

GET EMAIL UPDATES PRINT DETAILS

YOUR LABEL NUMBER

70041160000576045224

SERVICE

STATUS OF YOUR ITEM

DATE & TIME

LOCATION

FEATURES

Delivered

September 14, 2012, 9:52 am

CARBONDALE, CO 81623

Certified Mail™

Arrival at Unit

September 14, 2012, 8:26 am

CARBONDALE, CO 81623

Depart USPS Sort Facility

September 13, 2012

DENVER, CO 80266

Processed through USPS Sort Facility

September 13, 2012, 6:14 pm

DENVER, CO 80266

Check on Another Item

What's your label (or receipt) number?

Find

LEGAL

[Privacy Policy](#) ›
[Terms of Use](#) ›
[FOIA](#) ›
[No FEAR Act/EEO Data](#) ›

ON USPS.COM

[Government Services](#) ›
[Buy Stamps & Shop](#) ›
[Print a Label with Postage](#) ›
[Customer Service](#) ›
[Site Index](#) ›

ON ABOUT.USPS.COM

[About USPS Home](#) ›
[Newsroom](#) ›
[Mail Service Updates](#) ›
[Forms & Publications](#) ›
[Careers](#) ›

OTHER USPS SITES

[Business Customer Gateway](#) ›
[Postal Inspectors](#) ›
[Inspector General](#) ›
[Postal Explorer](#) ›

Copyright© 2012 USPS. All Rights Reserved.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Karinn Kelly</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Karinn Kelly 605 Redstone Blvd. Redstone, CO 81623</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 9-14-12</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7004 1160 0005 7604 5224</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	